

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Cubnet G2		08-30-01
O.I.P.E. CLASSIFIER	LS	32	9/6
FORMALITY REVIEW	CTH	744	10-1-01
RESPONSE FORMALITY REVIEW	M. H	625	11-13-01

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral).....	Canceled	A	Appeal
.....	Restricted	O	Objected

Claim		Date
Final	Original	
1	2	
3	4	
5	6	
7	8	
9	10	
11	12	
13	14	
15	16	
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39	40	
41	42	
43	44	
45	46	
47	48	
49	50	

Claim		Date
Final	Original	
51	52	
53	54	
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97	98	
99	100	

Claim		Date
Final	Original	
101	102	
103	104	
105	106	
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123	124	
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147	148	
149	150	

**If more than 150 claims or 10 actions
staple additional sheet here**

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